

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |   |                          |  |   |   |
|---|---|--------------------------|--|---|---|
| <b>NAME OF FILER</b><br>Lorena Gonzalez for Assembly 2018 |   |                          | <b>Date of This Filing</b> <u>05/25/2018</u>                                     | Date Stamp<br><br><br><br><br><br>Page 1 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(619)302-1907            | <b>I.D. NUMBER</b> (if applicable)<br>1392494 |                          | <b>Report No.</b> <u>052518</u>  |   |   |
| <b>STREET ADDRESS</b><br><br>                             |   |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b><br>Chula Vista                                | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>91911 | <b>No. of Pages</b> <u>2</u>   |   |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other

PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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| <b>NAME OF FILER</b><br>Lorena Gonzalez for Assembly 2018 |   |                          | <b>Date of This Filing</b> 05/25/2018<br><br><b>Report No.</b> 052518<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | Date Stamp<br><br><br>Page 2 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(619)302-1907            | <b>I.D. NUMBER</b> (if applicable)<br>1392494 |                          |  |                                   |   |
| <b>STREET ADDRESS</b>                                     |   |                          |  |                                   |   |
| <b>CITY</b><br>Chula Vista                                | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>91911 |  |                                   |   |

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|------------|--|--|------------------------|-------------------------------------|
| 05/25/2018 | San Diego County Democratic Party<br>San Diego, CA 92111-1320<br><br>ID# 741906                | San Diego County Democratic Party                      | \$150,000.00           |                                     |
|            |  |  |                        |                                     |
|            |  |  |                        |                                     |
|            |  |  |                        |                                     |
|            |  |  |                        |                                     |

Reason for Amendment: